

City of Newton



Setti D. Warren
Mayor

HEALTH AND HUMAN SERVICES DEPARTMENT

Dori Zaleznik, MD, Commissioner

1000 Commonwealth Avenue
Newton, MA 02459-1544



Public Health
Prevent. Promote. Protect.

Telephone 617.796.1420 Fax 617.552.7063
TDD/TTY 617.796.1089

APPLICATION FOR LICENSE TO MANUFACTURE FROZEN DESSERTS AND/OR ICE CREAM MIX

To the Newton Health and Human Services Department, in accordance with the provisions of section 65H of Chapter 94 of the General Laws, as most recently amended, and the regulations made thereunder, the undersigned hereby applies for a license for the WHOLESALE/RETAIL manufacture of frozen desserts and or ice cream mix and submits the following information:

Applicant name _____

Business name and address _____

If applicant is an individual: Full name: _____

Residence: _____

If applicant is a partnership, full name and residence of all partners: _____

If applicant is a corporation: State of incorporation _____ Date of incorporation _____

Principal office _____

Full name and address of:

President _____

Treasurer _____

Clerk _____

Location of Plants _____

Names of brands and trade or corporation name, if any, under which the products are to be sold:

Number and capacity of freezers _____

See next page

Email: dzaleznik@newtonma.gov

Is the mix purchased? _____ If so, from whom purchased? _____

Is the mix pasteurized or not? _____

of gallons of frozen desserts and/or ice cream mix _____ to be sold in Massachusetts during the
licensing period _____ to _____.

Is the plant constructed and equipped as provided in the regulations? _____

Is the water supply public or not? _____

Have you received a copy of the regulations? _____

I hereby certify that the frozen desserts and/or ice cream mix I sell in Massachusetts will be manufactured in compliance with all laws of the Commonwealth of Massachusetts pertaining thereto and all rules and regulations promulgated by the Massachusetts Department of Public Health made thereunder and will be manufactured under sanitary conditions. I attest that the information stated in this application is true and accurate under the pains and penalties of perjury.

Company owner/officer's signature

Title

Date

City or Town

IMPORTANT REMINDER: BACTERIA SAMPLING OF PRODUCTS

Please be advised that the State Code 105 CMR 561.000 "Regulation relative to frozen desserts, frozen dessert mixes and/or ice cream mix" requires bacterial samples of your products to be taken each month by an approved laboratory. Copies of these sections of the Code (561.009 and 561.201) are enclosed for your convenience.

Our department requires that copies of the reports be sent to our office at 1294 Centre Street, Newton Centre, MA 02459.

If you have any questions or need further clarification please contact us at 617-796-1420.

Thank you.

Email: dzaleznik@newtonma.gov